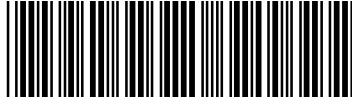
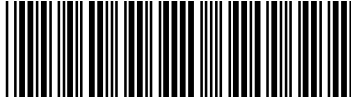


| | | |
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| <i>Index of Claims</i>  | Application/Control No. 10773797 | Applicant(s)/Patent Under Reexamination DIMASCIO, FELICE |
| | Examiner Harry D Wilkins, III | Art Unit 1795 |

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|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
| = | Allowed | ÷ | Restricted | I | Interference | O | Objected |

| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant | | | <input type="checkbox"/> CPA | | | <input type="checkbox"/> T.D. | | | <input type="checkbox"/> R.1.47 | | |
|--|----------|------------|-------------------------------------|--|--|--------------------------------------|--|--|--|--|--|
| CLAIM | | DATE | | | | | | | | | |
| Final | Original | 10/20/2008 | | | | | | | | | |
| | 1 | - | | | | | | | | | |
| | 2 | - | | | | | | | | | |
| | 3 | - | | | | | | | | | |
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| | 13 | - | | | | | | | | | |
| | 14 | - | | | | | | | | | |
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| | 16 | - | | | | | | | | | |
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| | 18 | - | | | | | | | | | |
| | 19 | - | | | | | | | | | |
| | 20 | - | | | | | | | | | |
| | 21 | - | | | | | | | | | |
| | 22 | - | | | | | | | | | |
| | 23 | - | | | | | | | | | |
| | 24 | - | | | | | | | | | |
| | 25 | - | | | | | | | | | |
| | 26 | - | | | | | | | | | |
| 1 | 27 | = | | | | | | | | | |
| 2 | 28 | = | | | | | | | | | |
| 3 | 29 | = | | | | | | | | | |
| 4 | 30 | = | | | | | | | | | |
| 5 | 31 | = | | | | | | | | | |
| 6 | 32 | = | | | | | | | | | |
| 7 | 33 | = | | | | | | | | | |
| 8 | 34 | = | | | | | | | | | |
| 9 | 35 | = | | | | | | | | | |
| 10 | 36 | = | | | | | | | | | |

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| <p><i>Index of Claims</i></p>  | Application/Control No. 10773797 | Applicant(s)/Patent Under Reexamination DIMASCIO, FELICE |
| | Examiner Harry D Wilkins, III | Art Unit 1795 |

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|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
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| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 | | | | | | | | | | |
| CLAIM | | DATE | | | | | | | | |
| Final | Original | 10/20/2008 | | | | | | | | |
| 11 | 37 | = | | | | | | | | |